

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Laidlaw Environmental Services (Wichita) Inc.

EPA ID NO: K | S | D | 0 | 0 | 7 | 2 | 4 | 6 | 8 | 4 | 6 |



KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

RECEIVED
IDENTIFICATION AND
CERTIFICATION
APR 02 1998

FORM
IC

BUREAU OF WASTE MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → 		B. County Same as label <input type="checkbox"/> or → Sedgwick
C. Site/company name Same as label <input type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → 2549 North New York Avenue		
F. City, town, village Same as label <input type="checkbox"/> or → Wichita	G. State Same as label <input type="checkbox"/> or → <u>K S </u>	H. Zip Code Same as label <input type="checkbox"/> or → <u>6 7 2 1 9 - 4 3 2 2 </u>

Sec. II Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address		
C. City, town, village	D. State 	E. Zip Code -

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.			
A. Last Name Hess	First name Mark	M.I. C	B. Title Technical Manager
			C. Telephone Number <u>3 1 6 2 6 9 - 7 4 0 0 </u> Extension <u>7 4 8 8 </u>

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by a person or persons who manage the system, or those persons directly responsible for gathering the information, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are criminal penalties under the Resource Conservation and Recovery Act for submitting false information, including the penalties for knowingly violating." Instructions page 8.			
A. Last Name Dunn	First name Russell	M.I. J	B. Title Facility Manager
C. Signature <i>Russell J Dunn</i>			D. Date of signature <u>0 3 3 0 9 8 </u> Month Day Year



R00119937
RCRA RECORDS CENTER

RCRIS data entered
BY TRICOR/CS
ON ENR JUL 15 1998

Over →

Sec. VI	On-site waste management status. Instructions page 10.	
A. Storage subject to RCRA permitting requirements <div style="text-align: center;">4</div>		B. Treatment, disposal, or recycling subject to RCRA permitting requirements <div style="text-align: center;">1</div>

Comments: